

RECOMMENDATIONS FOR A HEALTHY EATING SNAP PILOT IN MASSACHUSETTS

FROM THE CENTER FOR SCIENCE IN THE PUBLIC INTEREST

DECEMBER 2020

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The Problem

Our current food system perpetuates preventable disease. Poor diet quality is a leading contributor to death and disability, and food insecurity is associated with diabetes, heart disease, depression, and numerous poor maternal, infant, and child health outcomes.

The food system maximizes profits by pushing cheap, unhealthy calories. And too many people lack sufficient resources to access nutritious foods, in particular people from marginalized racial backgrounds who have long been impacted by racially biased policies that exacerbate food insecurity. Individuals should not have to fight an upstream battle alone against the many factors that conspire to serve food industry profit over our health. Population health approaches are needed to address these pressing health disparities.

Leveraging the Supplemental Nutrition Assistance Program (SNAP) to improve the food environment and help people afford nutritious food is one strategy that holds promise. SNAP is the largest of 15 federal food assistance programs, providing benefits to millions of Americans, including 750,000 Massachusetts residents. In 2019, SNAP provided over \$55 billion in benefits to approximately 35 million Americans with over 240,000 participating retailers. SNAP benefits are used at most superstores, large and small grocery stores, convenience and specialty stores, and farmers markets.¹ Any changes in SNAP will have an immediate impact on the millions of low-income participants (half of whom are children), and the potential to reshape the retail food environment for all.

There is compelling evidence that SNAP alleviates food insecurity, but evidence of SNAP's effect on diet quality is mixed.^{2,3,4} In order to strengthen SNAP's public health and nutrition impact, we must develop a range of evidence-based approaches, grounded in diverse stakeholder input and engagement, that do not increase stigma or decrease access. Better addressing nutrition through SNAP can also help to inoculate the program from attacks by opponents whose aim it is to defund the program.

In January 2016, the National Hunger Commission⁵—a congressionally required and appointed bipartisan panel of experts in domestic hunger convened to advise Congress and the U.S. Department of Agriculture (USDA)—recommended improving SNAP to better support healthy eating by:

- Using financial incentives to encourage SNAP participants to purchase fruits, vegetables, high-quality proteins, whole grains, and other healthy foods and cost-sharing opportunities with states, nonprofits, and municipal governments to incentivize purchases of healthy foods;

- Employing evidence-based product placement strategies in retail stores that encourage the purchase of healthy products with SNAP benefits and link it to SNAP eligibility for stores;
- Not permitting sugar-sweetened beverages (SSBs) to be purchased with SNAP benefits; and
- Reforming SNAP-Education to ensure that states use state-of-the-art nutrition education that is effective, relevant, and meaningful to SNAP participants and are likely to lead to measurable improvements in the eating patterns of SNAP participants.

In March 2018, the Bipartisan Policy Center’s SNAP Task Force, a bipartisan 13-member task force co-chaired by former Senate Majority Leader Bill Frist and former agriculture secretaries Dan Glickman and Ann Veneman, made similar recommendations.⁶ The task force requested \$100 million for research on ways to better support healthy eating through SNAP in the next farm bill. The Report emphasized that SNAP benefits were “meager” and that any changes to the program that would decrease access or benefit levels should be opposed. The Task Force recommendations also include:

- Adding diet quality as a core SNAP objective;
- Removing SSBs from the list of items that can be purchased with SNAP benefits;
- Continuing and strengthening incentives for purchasing fruits and vegetables;
- Improving SNAP data collection to include retailer records of purchases (USDA currently lacks the authority to collect product-specific and store-level SNAP food-purchase data, making it difficult to evaluate diet quality and the purchasing patterns of SNAP participants);
- Strengthening SNAP retailer standards by implementing stronger stocking rules that increase the availability of healthy foods at SNAP retailers;
- Studying the feasibility of including evidence-based product-placement strategies and restrictions on the marketing of unhealthy products by SNAP retailers; and
- Strengthening SNAP-Education infrastructure to better support implementation and evaluation of the program.

Several states and localities have called for limits on certain food purchases through SNAP to support health and reduce health care costs. For example, New York City requested a waiver from USDA to allow it to disallow SSB purchases with SNAP benefits. Officials in Maine, Minnesota, South Carolina, Wisconsin, and other jurisdictions have proposed disallowing purchases of certain other unhealthy foods with SNAP benefits. As much as \$4 billion in SNAP benefits nationally are spent on soda and other nutritionally devoid SSBs, contributing to obesity and diverting funds from the purchase of healthier food.⁷

In 2018, the Center for Science in the Public Interest (CSPI) developed a model for identifying and building consensus on strategies to strengthen SNAP’s public health and nutrition impact (including those recommended by experts) and working with jurisdictions to study promising and scalable approaches.

The Massachusetts Project

Over an 11-month period (October 2018-August 2019) with support from Voices for Healthy Kids and The Boston Foundation, CSPI worked with diverse groups across Massachusetts to

develop consensus around a set of SNAP pilot recommendations. Project activities included:

- A cross-sectoral roundtable discussion in Boston on May 1, 2019. It was held at Harvard Medical School and brought together over 30 key stakeholders in health, anti-hunger, research, public health, government, and previous and current SNAP participants.
- A statewide poll of 1,000 adult (18 or older) Massachusetts residents, including SNAP participants, from July 30-August 4, 2019. (Detailed summary in Appendix A.) CSPI contracted with Engine to conduct the online Geo CARAVAN survey.
- Interviews with 10 key stakeholders in the fields of nutrition, public health, anti-hunger, and anti-poverty. (Detailed summary in Appendix B.)
- Focus groups with SNAP participants and interviews with retailers. Harvard Catalyst conducted seven qualitative focus groups (four in English and three in Spanish) with a total of 43 SNAP participants across Boston between July and August 2019, and six interviews with 10 SNAP retailers (*i.e.*, individuals familiar with the SNAP program representing small, medium, and large retailers) between May and June 2019. (Detailed summary in Appendix C.)

A number of organizational stakeholders were involved or participated in this project, including Harvard Medical School, Greater Boston Food Bank, Massachusetts Law Reform Institute, Project Bread, Worcester County Food Bank, Harvard Food Law and Policy Clinic, Children's HealthWatch, Merrimack Valley Food Bank, The Food Bank of Western Massachusetts, Worcester Food and Active Living Policy Council, Massachusetts Public Health Association, Tufts University, Boston Medical Center, and state and local government officials.

Stakeholders contributed depth and breadth of knowledge and experience in public health, nutrition, food insecurity, social justice, and SNAP, and represented leaders and senior policy and program staff in anti-hunger and public health organizations and coalitions, researchers, and government officials.

Prior to each roundtable and interview, CSPI shared background information, such as on the Massachusetts's Healthy Incentives Program (HIP) and other fruit and vegetable incentive research, recommendations from the National Commission on Hunger and Bipartisan Policy Center, materials on healthy in-store marketing strategies, and a summary of the state of the research on SSBs and dietary quality.

For the roundtables, stakeholders self-selected into one of two groups for focused discussions on pilot ideas related to: 1) in-store marketing and 2) incentives and disincentives. These two themes were selected because they commonly arose among experts as key areas for exploration and further consensus-building. To provide consistency and structure (with similar convenings in other states), CSPI led facilitated discussions for each convening. The two groups then reported out their pilot proposal ideas and all participants engaged in additional discussion to identify top recommendations for SNAP pilots.

Interviewees included those who were unable to attend the roundtables and individuals recommended to us by other stakeholders. Interviewees were asked the same questions that

were used in the facilitated small group discussions. They also were asked to share additional ideas for strengthening SNAP’s public health and nutrition impact.

Additionally, CSPI contracted Harvard Catalyst to conduct food retailer interviews and SNAP participant focus groups to add to knowledge about potential impact, feasibility, barriers, and supports for strategies. Retailers and SNAP participants were asked broad open-ended questions about strategies to strengthen nutrition in SNAP, followed by prompts about four specific strategies proposed by experts—marketing, incentives (alone or paired with disincentives), and education.

Qualitative data from the roundtables, interviews, and focus groups were transcribed and coded for themes. The following box summarizes the top recommendations across all groups (including poll participants) for healthy SNAP pilots that could be tested in Massachusetts.

Top Recommendations for Healthy SNAP Pilots

- Expand existing fruit and vegetable incentives with SNAP to more types (e.g. frozen and canned produce) and to more retailers, including national chain grocers and stores in rural Massachusetts. Currently, fruit and vegetable incentives (Healthy Incentives Program) in Massachusetts are primarily offered at farmers markets and mobile markets in urban areas. This strategy was broadly supported by SNAP participants, retailers, SNAP stakeholders, and poll respondents.
- Evaluate various in-store marketing strategies. This was broadly recommended by key informant interviewees, convening stakeholders, and poll respondents.
 - SNAP participants voiced specific preference for price promotions for healthy items, as well as prominent placement of healthy items paired with tasting samples and nutrition information.

Pilot Considerations Expressed by Massachusetts Stakeholders

The table below outlines considerations expressed by stakeholders pertaining to each recommendation. Although the focus of the grant-funded convenings was to identify pilot approaches to test, throughout the discussions stakeholders naturally grappled with the logistics of broader implementation and the impact that a pilot would have if it were rolled out on a statewide or larger scale.

Pilot Strategy	Considerations
Expand existing SNAP fruit and vegetable incentives to a wider variety of retailers.	<ul style="list-style-type: none"> • Build off existing incentives through HIP. • Consider increasing the amount of the incentive or match for fruits and vegetables. • Consider studying the long-term health implications of HIP. • Many have not used the program because of the narrow scope of retailers participating (<i>e.g.</i>, largely farmers markets). Expanding to more retailers

	<p>would offer the incentive where SNAP participants do most of their shopping.</p> <ul style="list-style-type: none"> • Focus group participants described how there needed to be better promotion and education of HIP in the community to make sure SNAP participants are aware of the program. Some people who were familiar with incentives were confused by the process for receiving the additional benefit. • Retailers noted that in order to be sustainable at scale the POS process needs to be seamless on the back end (POS system’s identification and processing of incentivized items), and the front end (the customer’s documentation of incentivized purchases and remaining balance following a transaction).
<p>Evaluate various in-store marketing strategies, paired with nutrition education and/or incentives.</p>	<ul style="list-style-type: none"> • Consider promotion of healthier foods (<i>e.g.</i>, shelf tags, other signage, discounted pricing, coupons, etc.) <ul style="list-style-type: none"> ○ Pricing strategies were the preferred in-store recommendations by SNAP participants • Consider placement of healthier foods in prominent areas of the grocery store (<i>e.g.</i>, checkout, shelves at eye-level, end of aisle shelves, freestanding displays, and placement of fruits and vegetables in more than one area of the store) <ul style="list-style-type: none"> ○ SNAP focus group participants noted most marketing strategies (<i>e.g.</i>, placement, signage) are not currently influencing their purchasing behavior given their limited financial resources and their common strategy of developing a plan of what they need to buy before shopping. Pricing strategies were the most appealing type of marketing strategy, but still often only affect their purchasing if sale items were already included in their plan. ○ If pursued, placement strategies would need to be done with retailers who are negotiating new contracts. Leasing high visibility spaces, like endcaps and checkouts, to manufacturers via multi-year contracts provides revenue that might limit the store’s willingness to dictate product placement. • A vast majority (nine out of 10) of key informants recommended this as the top approach. • Nutrition education was repeatedly recommended. SNAP participants from the focus groups indicated they were interested in learning more about: 1) understanding Nutrition Facts and product labels; 2) healthy cooking techniques and recipes; and 3) storing and preparing foods to maintain safety and limit waste. Some also suggested pairing in-store cooking demonstrations with product sampling or healthy items. There was also an appeal for better coordination and education between the Department of Transitional Assistance and SNAP. • Focus group participants expressed that promotions should be consistent throughout the month to avoid conflicts between when SNAP participants experience lowest prices and when SNAP benefits are distributed. • Retailers also recommended marketing strategies be combined with nutrition education and/or incentives. • Technical assistance will be needed for retailers to ensure marketing strategies are effective.

Pilot Strategies for Further Discussion

There were several other strategies suggested by participants that warrant further discussion. These approaches were supported by individual stakeholders but did not receive broad support among all stakeholders.

- **Provide SNAP participants the option to opt into a pilot that offers them increased benefits (incentives) for fruit and vegetable purchases if they do not purchase SSBs with SNAP benefits.**

Modeling studies and a randomized controlled trial demonstrate that combining SNAP incentives for healthy foods and disincentives for SSBs (a top source for calories) could significantly improve diets and health.^{8,9} Previous data from national polling and healthy SNAP convenings led by CSPI in Pennsylvania and Iowa show that many stakeholders are generally supportive of this approach.

According to the statewide poll, 65 percent of adult Massachusetts residents support SNAP participants opting into a program that disallows soda when paired with fruit and vegetable incentives (67 percent of Democrats, 67 percent of Republicans, 65 percent of Independents). Among adult Massachusetts SNAP participants (25 percent of sample), 64 percent support the option to opt in to disallowing soda paired with additional benefits for fruits and vegetables. Further, six out of 10 key informants recommended this strategy. Stakeholders noted that it is important to implement the pilot in a way that does not increase stigma or discourage participation in the program.

When SNAP participants were asked about this strategy in the focus groups, the discussion that followed focused primarily on sugary beverage disincentives as a standalone strategy rather than the combined incentives/disincentives approach. Appendix C reflects that discussion and therefore does not provide a clear window that would allow us to distinguish among reactions to particular policy designs. While participants expressed a set of strong views on these subjects, most of the concern appeared to be related to—or stem from—concerns about disincentives specifically. Therefore, it is not possible to draw conclusions from this data regarding the combined approach and future research should focus on eliciting clearer distinctions between models.

- **Test stronger minimum stocking standards.**

SNAP retailers are required to carry a defined number of items in each staple food category, and experts have proposed increasing the minimum stocking standards for healthy foods and beverages, especially in small retail stores.¹⁰ The Massachusetts polling results showed that over three quarters of SNAP-participating and -nonparticipating adults viewed a wide variety of affordable healthy foods at grocery stores, including convenience and corner stores, as a helpful strategy to support healthy eating. Six out of 10 key informants supported a pilot for strengthened stocking standards.

Although many stakeholders agreed that this strategy would help people at smaller stores have healthy options, SNAP participants noted this strategy would have a minimal impact given very few participants reported shopping for groceries at smaller retailers (*e.g.*, convenience and corner stores; this is corroborated by national data from USDA). Retailers from the focus groups found implementation among small stores to be the greatest challenge,

so technical and financial assistance may be needed. Many mentioned that food quality and cost in addition to availability additionally should be addressed.

- **Evaluate a phone app to support healthier purchases.**

Stakeholders discussed a potential app that could incorporate nutrition education (*e.g.*, SNAP-Ed classes, recipes, cooking tips and demonstrations, meal kit ideas, and referrals to local dietitians), marketing (*e.g.*, promotions and discounts with local SNAP retailers), and participants could redeem their fruit and vegetable incentives through the app. The app also could collect SNAP purchase and dietary recall data. For instance, SNAP participants could track their dietary practices in the app. There are a number of existing apps such as Cooking Matters and Care Matters, and the Massachusetts Department of Transitional Assistance is currently developing a SNAP-Ed app which this could be built on.

Retailers noted a desire to integrate marketing with education via existing store mobile apps. Focus group participants found strategies paired with pricing promotions (*e.g.*, coupons, circular deals) appealing. The statewide survey found that 71 percent of adults overall and 67 percent of SNAP-participating adults supported giving SNAP users information about healthy eating through nutrition and cooking classes (but the survey did not specify if this should occur through an app).

- **Expand incentives to other healthy foods and beverages.**

There was broad support among SNAP participants in the focus groups for the idea of introducing more food items beyond fresh fruits and vegetables for eligibility for HIP or other incentives programs, including whole grain bread, milk, and frozen and canned fruits and vegetables. Some suggested modeling these categories of “healthy” items after the WIC program. Seven out of 10 key informants recommended pilots that build on Massachusetts’ existing fruit and vegetable incentive programs.

- **Incentivize hot, prepared foods.**

Currently SNAP benefits are not allowed for purchase of hot, prepared meals at grocery stores (*e.g.*, rotisserie chicken). SNAP participants in the focus groups identified the ability to purchase hot foods as a convenience that would support healthier meals and overcome challenges, such as living without a functioning stove to cook (*e.g.*, if they lose gas in the winter). Convening stakeholders also were supportive of this strategy.

- **Accessible transportation to grocery stores.**

SNAP participants were heavily influenced by their transportation options. They expressed a preference for buying in bulk, but some did not have the ability to transport a large number of grocery bags. Transportation also hindered SNAP participants’ ability to travel to less expensive stores. Accessible transportation to grocery stores may encourage healthful choices. Relatedly, convening participants also suggested that organizations could

rescue unsalable food from grocery stores and deliver it to communities suffering from food apartheid.

Next Steps

Implications for Massachusetts: Pursuing a Pilot and Its Evaluation

The next phase of this project is to conduct one or more pilots in Massachusetts. Feedback from this and other community engagement work demonstrates stakeholders' concerns about sugary beverage disincentives as a standalone approach. CSPI is currently offering state and local funding opportunities to pursue USDA waivers to test the combined incentives and disincentives strategy in locations where there is broad stakeholder support, as well as funding for policy campaigns to improve healthy food marketing in larger food stores and to improve SNAP access, such as aligning social service programs and closing the SNAP gap for populations facing barriers to enrollment. Strengthening both nutrition for SNAP participants and access to the program helps ensure more widespread and equitable improvements for public health.

CSPI will also communicate the results and recommendations with policymakers, researchers, and SNAP advocates both in Massachusetts and across the country.

Given the number of strategies for supporting healthy eating through SNAP that surfaced during these discussions, we recommend that anti-hunger and public health groups consider incorporating these ideas in their organizations' goals.

Acknowledgments

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Works Cited

- ¹ [U.S. Department of Agriculture, Food and Nutrition Service. Supplemental Nutrition Assistance Program \(SNAP\) National Level Annual Summary \(2020\).](#)
- ² [Keith-Jennings et al., Am J Public Health \(2019\).](#)
- ³ [Nguyen et al., Am J Public Health \(2015\).](#)
- ⁴ [U.S. Department of Agriculture, Economic Research Service. Does SNAP Decrease Food Insecurity?: Untangling the Self-Selection Effect \(2009\).](#)
- ⁵ [National Commission on Hunger. Freedom from Hunger: An Achievable Goal for the United States of America \(2015\).](#)
- ⁶ [Bipartisan Policy Center. Leading with Nutrition: Leveraging Federal Programs for Better Health \(2018\).](#)
- ⁷ [Shenkin and Jacobson, Am J Public Health \(2010\).](#)
- ⁸ [Mozaffarian et al., PLoS Med \(2018\).](#)
- ⁹ [Harnack et al., JAMA Intern Med \(2016\).](#)
- ¹⁰ [Healthy Eating Research. Minimum Stocking Levels and Marketing Strategies for Healthful Foods for Small Retail Stores \(2016\).](#)

Appendix A - Poll results

CSPI contracted with Engine to conduct an online Geo CARAVAN survey of 1,000 adult (18 or older) residents in Massachusetts from July 30-August 4, 2019. White respondents made up 86 percent of the total sample, with a small, non-representative sample of Black respondents (0.08 percent) and Hispanic respondents (0.05 percent). According to the U.S. Census Bureau, Massachusetts residents as of July 2018 were 80 percent White, 9 percent Black, and 12 percent Hispanic.

When asked to indicate how helpful each strategy would be to support healthy eating (strategies are listed below in order of most to least helpful):

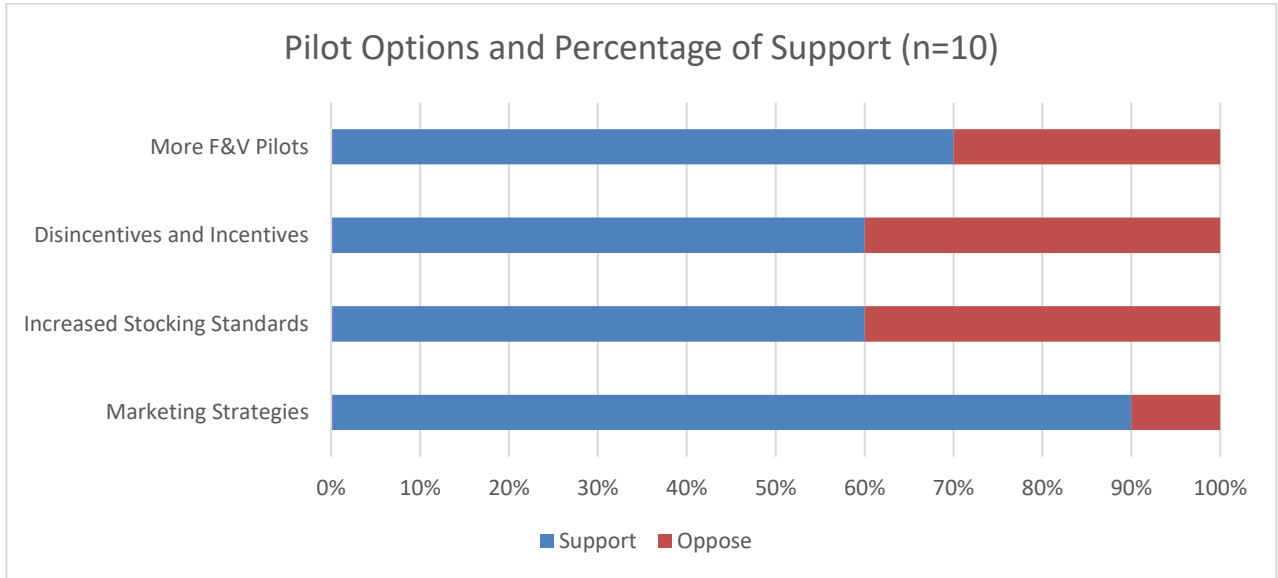
Strategy	Very helpful/helpful Adults overall/SNAP participants	Very unhelpful/unhelpful Adults overall/SNAP participants	Neither helpful nor unhelpful Adults overall/SNAP participants
1. Providing SNAP participants with more money to buy fresh fruits and vegetables in grocery stores. For example, for every \$1 spent on fresh fruits and vegetables, participants would get another \$1 to spend on more fresh fruits and vegetables.	81%/83%	8%/6%	11%/11%
2. Ensuring that grocery stores, including convenience and corner stores, have a wide variety of affordable, healthy foods—such as fruits, vegetables, lean meats, low-fat milk, and whole grains.	78%/77%	6%/8%	16%/15%
3. Removing sugary drinks from the products people can purchase with SNAP benefits and in return get more money to use to purchase fruits, vegetables, or other healthy foods.	72%/64%	13%/17%	16%/20%
4. Giving information to SNAP participants about healthier eating through nutrition or cooking classes.	71%/67%	8%/9%	21%/24%
5. Ensuring that grocery stores offer more healthy food options in place of unhealthy food options in the main areas of the store like the checkout, on end-of-aisle shelves, at store entrances, and placed on shelves at eye level. For example, stores	67%/67%	9%/8%	23%/25%

would display bottled water instead of soda near store entrances, or stores would stock healthy snacks and drinks at checkout instead of candy and soda.			
6. Removing soda and other sugary drinks from the products that can be purchased using SNAP benefits.	60%/46%	16%/24%	24%/30%

Appendix B - Key Informant Interview Qualitative Data Summary

Key informants of the Supplemental Nutrition Assistance Program (SNAP) program in Massachusetts (MA) indicated support for strategic pilots to assess effective approaches to support healthy eating by SNAP participants. They also emphasized that healthy SNAP pilots should not compromise the integrity of the program or the economic viability of small retailers. The most common issues mentioned by interviewees were coded and are explained below.

Participant characteristics: Interview participants were identified by colleagues as key experts on the SNAP program in MA. Ten individuals were interviewed and asked the same series of questions. We conducted interviews with four anti-hunger advocates, two public health policy associates, two government professionals, and two food and nutrition policy researchers. The interviewees represented organizations whose efforts have statewide and Eastern MA focus.



Supported Strategies: Throughout the interviews, informants showed the strongest support for pilots that use marketing strategies and financial incentives to increase fruit and vegetable (F&V) purchases. Pilots that are equally beneficial for SNAP and non-SNAP shoppers received stronger support than pilots aimed only at SNAP participants. A number of key informants mentioned the importance of expanding the existing Healthy Incentives Program (HIP) program and supporting retailers with additional technical assistance.

Concerns: Key informants indicated a number of concerns related to each pilot's components.

- **Program Integrity:** Concern about continued funding of SNAP.
 - "MA has been inundated with national groups coming in and recommending other pilot ideas, so there is fatigue around this." (Anti-hunger Advocate, Statewide)

- **HIP Expansion:** Belief that HIP is limited and needs expansion, or a desire to improve existing HIP.
 - *"HIP needs to be in grocery stores, not just farmers markets, farm stands, etc. Would have much bigger impact in grocery stores."* (Anti-hunger Advocate, Statewide)
 - *"It is time for everyone to be thinking differently about behavior change and using our resources—HIP ran out of money. HIP shows that people want to buy fruit and vegetables."* (Researcher, Eastern MA)
- **Assistance:** Mention that technical assistance (TA), as well as hardship waivers, may be necessary for the buy-in of smaller retailers.
 - *"Enforcement is tricky. Who takes care of that? The Commission? Grocery Association? Need to build in TA, especially for smaller stores. Especially to help retailers understand nuances of standards."* (Public Health Advocate, Statewide)
 - *"In theory stocking and marketing standards are good, but we need to be conscious of the financial needs of small and medium size stores."* (Anti-hunger Advocate, Eastern Region)
- **Retailer Concern:** Acknowledgement of the potential cost or harm to the bottom line of food retailers. Recognition that a pilot would potentially require different standards for different size retailers.
 - *"We need research that would evaluate the benefit of expansion to grocery stores, HIP is only touching a small part of the SNAP population."* (Public Health Advocate, Statewide)
 - *"What kinds of expenses would retailers incur with in-store marketing that requires signage? TA could be helpful."* (Researcher, Eastern Region)
- **Equity:** Concern that a policy may have negative effect, including limiting the affordability of healthier options.
 - *"SSBs [sugar-sweetened beverages] are cheaper than milk. If you are really stretching food dollars, then the nutrient dense options are cost prohibitive. Why don't we just make them more expensive for everyone? Hit them in their wallet and they will think twice about buying them."* (Anti-hunger Advocate, Statewide)
 - *"We need to work on population-level strategies. If we aren't going to increase the benefit, then let's give them more benefits for healthy foods."* (Anti-hunger Advocate, Eastern Region).

Questions Asked to Key Informants:

- Marketing Strategies—*Do you think in-store marketing strategies (in-store promotions, pricing, and shelf placement) would be an effective strategy to help support healthy eating among SNAP participants?*
- Marketing Strategies—*Do you think increased stocking standards for SNAP retailers would help support healthy eating among SNAP participants?*
- Allowable Purchases—*Do you think disincentivizing or disallowing certain foods would help support healthy eating among SNAP participants?*
- Allowable Purchases—*Do you think a combined approach of disincentives and incentives would help support healthy eating among SNAP participants?*

- Incentives—*Do you think there is a need for an additional pilot for fruit and vegetable incentives?*
- Other—*What other ideas do you have that would support healthy eating among participants?*

Appendix C – Retailer and SNAP Participant Perceptions

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Introduction

The Supplemental Nutrition Assistance Program (SNAP) is highly effective at addressing food insecurity, but evidence does not indicate that it improves diet quality (Andreyeva et al., 2015). It is important to develop a range of evidence-based approaches grounded in diverse stakeholder input and engagement that support healthy eating through SNAP, particularly for children, in ways that do not increase stigma or decrease access. Massachusetts has a long history of supporting innovations in SNAP. For instance, the Healthy Incentives Program (HIP), which became the basis for the Gus Schumacher Nutrition Incentive Program (formerly the Food Insecurity Nutrition Incentive (FINI) program), was piloted in the state. Therefore, it is an appropriate locality for engaging stakeholders in developing recommendations for pilot approaches that could be tested to better support healthy eating among SNAP recipients.

In May 2019, the Center for Science in the Public Interest (CSPI) convened a cross-sectoral workgroup of diverse Massachusetts stakeholders to develop recommendations for pilot approaches that could be tested to better support healthy eating among SNAP recipients. However, how SNAP recipients and retailers in MA perceive such strategies was largely unknown. To assist with the development of stakeholder-informed recommendations, and to add to research knowledge about potential impact, feasibility, barriers, and supports for such strategies the aims of this qualitative project were to:

- i. Explore SNAP *retailers'* perceptions of strategies to better support healthy eating among SNAP recipients
- ii. Explore SNAP *recipients'* perceptions of strategies to better support healthy eating among SNAP recipients
- iii. Develop stakeholder-informed recommendations for pilot approaches that could be tested in MA to better support healthy eating among SNAP recipients

Methods

In May and June 2019, qualitative key informant interviews were conducted with personnel from food retail settings to assist with the development of stakeholder-informed recommendations and to add to knowledge about potential impact, feasibility, barriers, and supports for strategies to support healthy eating among SNAP recipients. SNAP retailers were selected in partnerships with CSPI. To be eligible to participate in key informant interviews, participants had to be employed by a licensed retail food store participating in SNAP or a parent company of such food stores. Interviews were conducted by telephone,

unless participants requested otherwise, using a structured interview guide. Researchers read participants a verbal consent script prior to beginning interviews. The interview opened with broad open-ended questions about retailers' experiences with strategies to support healthy eating, followed by prompts about four specific strategies proposed by experts—marketing, incentives, disincentives (alone and paired with incentives), and stocking standards.

In July and August 2019, seven qualitative focus groups were conducted with SNAP recipients. Recruitment for focus group participants was done in collaboration with several local community partners—including a housing development organization, a non-profit human services organization, and a hunger advocacy group. To be eligible to participate in focus groups, participants must have been a SNAP recipient in the past year and able to speak English or Spanish. Researchers provided a written description of the project and risks and obtained verbal consent prior to beginning focus groups. The focus groups opened with broad open-ended questions about recipients' shopping behaviors and views and experiences with strategies to support healthy eating, followed by prompts about four specific strategies proposed by experts—marketing, incentives, disincentives (including paired with incentives), and education.

All interviews and focus groups were audio-recorded and recordings were transcribed verbatim. Researchers analyzed transcripts for key themes using NVivo software version 12.

Results

Seven focus groups (4 English and 3 Spanish) were conducted with a total of 43 SNAP recipients. Focus groups were conducted across the city of Boston in the South End, Jamaica Plain, East Boston, Roxbury, and Dorchester neighborhoods. Interviews were conducted with 10 individuals familiar with the SNAP program representing small, medium, and large retailers across six separate interviews. The results from these focus groups and interviews are summarized below, organized by participant type and retail strategy.

Recipient focus groups

Shopping habits

SNAP recipients provided detailed descriptions of their shopping habits, which served as essential context for understanding viable strategies for encouraging healthy eating and (non-alcoholic) beverage intake. First, ***SNAP recipients reported that they purchase most foods and beverages at grocery stores.*** Some participants reported sometimes shopping at the Fresh Truck (a mobile market offering healthy foods to communities across Boston), farmers markets, and dollar stores to supplement grocery store purchases. ***Only a few focus group participants mentioned occasionally shopping at convenience or corner stores, but most described these types of stores as too expensive with few healthy options*** like fruits and vegetables. As a whole, focus group participants demonstrated the knowledge and desire to eat healthy—most had a preference for fresh produce if possible, while many reported buying frozen and canned fruits and vegetables because they can be cheaper and more convenient with a longer shelf life.

Most recipients described a ***preference for shopping in bulk soon after receiving monthly SNAP benefits,*** but some did not have the ability to transport a large number of bags without

a car. Some described shopping more often (*e.g.*, weekly, multiple times per week). Those who shopped in bulk described additional shopping sporadically throughout the month, particularly for fresh foods like fruits, vegetables, and meat.

A common topic of discussion was ***how SNAP recipients stretch their benefits each month***. Participants described their strategies for shopping at grocery stores with the lowest prices, often comparing prices from multiple stores to take advantage of lowest prices for different products. Some emphasized the challenge of finding low prices on high quality food (*e.g.*, fruits and vegetables that do not spoil quickly). They described the process of going into the store with a plan, unlikely to deviate unless it would save them money on what was already on their list. Some participants reported avoiding walking through particular sections or aisles where they do not plan to purchase anything. They pointed out that many times the lowest prices are found outside of Boston (*e.g.*, BJ's, Market Basket, and Walmart). Participants also reported seeking out deals (*e.g.*, coupons or specials), but noted that coupons are often for unhealthy items and rarely for products like fruits and vegetables.

Despite these many strategies to spend their SNAP dollars wisely, SNAP recipients described how the ***benefits are not enough to feed them and their families and make it challenging to eat healthy***. Some reported that benefits could change unexpectedly and quickly and expressed frustration that they do not adjust with inflation and corresponding increases in cost of living. The reasons given for these changes were varied (*e.g.* new job, employer raise) but often unclear (*e.g.*, no reported increase in income), suggesting further inquiry is necessary. We also heard that the Department of Transitional Assistance communicates poorly about changes or in responding to inquiries. Parents described how SNAP benefits are not enough to cover food as their children grow older and increase how much they eat; some mentioning not eating themselves so that their children could eat. One woman described needing to use fast food coupons for herself and her children when she felt out of options. Participants discussed using food pantries as a supplement to SNAP, with a wide range of personal experiences—from feelings of shame and stigma to positive encounters learning about new healthy foods and cooking techniques.

Factors influencing healthy eating and drinking

SNAP recipients demonstrated knowledge and desire to eat a healthy diet; however, they described a range of factors that influence their abilities to do so. First, while most participants felt comfortable reading food labels, they described ***confusing signage or misleading marketing on products*** (*e.g.*, wheat bread that is not whole grain) as an issue that makes it harder to determine what is healthy. Some considered this fearmongering, such as the attention around organic items, which can scare people away from purchasing produce all together given the higher prices for organic foods and resulting uncertainty of the safety of non-organic produce.

Participants described barriers to using their SNAP benefits within the grocery store settings. They reported ***healthier items are higher priced*** and not included in deals as often. In particular, ***coupons, circulars, sales rarely promote healthier items***; but given the inadequate dollar amount of their benefits, some recipients feel compelled to purchase cheaper, less healthy items. Additionally, one person mentioned an experience with cashiers

not knowing how to process their SNAP benefits and suggested stores should improve staff training in this area.

Transportation was a major influence mentioned across focus groups. **Limited transportation options make it difficult for recipients to eat healthy foods and beverages because they cannot drive to less expensive stores outside their community or shop in bulk.** Some participants reported taking cabs home from the grocery store because they could not carry their bags; this extra expense reduces their available food budget and influences their abilities to purchase healthy foods. SNAP recipients offered potential transportation solutions: they reported that some stores in the community offer transportation if you spend over a certain amount of money and suggested that there could be van trips sponsored by building management to take residents to cheaper grocery stores. They also suggested allowing SNAP for delivery via Peapod and Smartcart could help overcome transportation challenges for elderly or disabled recipients in particular.

A final factor described as influencing healthy eating was the high-level policy limitations of the SNAP program. One example was the **restriction from buying hot, prepared items** like rotisserie chicken—a convenience that would support them serving healthier meals at home and help them overcome challenges like living without a functioning stove to cook (e.g., if they lose gas in the winter). Another commonly discussed theme was the **limitation of the Massachusetts Health Incentives Program (HIP) to farmers markets and only a handful of retail options** (e.g., Daily Table).

Marketing

SNAP recipients provided thoughtful insights into the potential impact of using marketing strategies, such as in-store advertising and shelf placement, to support their own healthy eating. Focus group participants believed that **most marketing strategies (e.g., placement, signage) are not currently influencing their purchasing behavior** given their limited financial resources and their common strategy of developing a plan of what they need to buy before shopping. **Pricing strategies were the most appealing type of marketing strategy, but they reported that these often only affect their purchasing if sale items are already included in their plan.**

Focus group participants described how they experience placement strategies within stores. We heard SNAP recipients **discuss how unhealthy items placed at checkout are distracting and some people would like them removed, but most reported that this strategy rarely influences their purchasing.** They described how single unit products at checkout are always higher priced per unit than the higher quantity packages that can be purchased in the aisles. Therefore, if a SNAP user wanted to purchase these types of products, they would likely not be purchasing them at checkout. Through this conversation, SNAP recipients also discussed that they were not sure what would count as “healthy” and be a good fit for placement at checkout. There was some discussion that **healthy items often feel hidden, so more prominent placement could be helpful.** They also described that they would like the **opportunity to sample healthy items as this might encourage them to buy something they would not have before.** Specifically, they would like regular sampling of healthy items with nutrition information readily available, paired with coupons to encourage purchase, as

well as multiple opportunities to try items. BJ's sampling tables were an example cited but focus group participants reported that it is **rare that grocery stores in their community are using this type of healthy marketing strategy.**

Similar to the placement strategies, SNAP recipients described how signs indicating healthy items might be helpful for some customers, but many respondents reported shopping with a plan and they did not think it would be impactful. They described rarely seeing signage promoting healthy items. Some participants also discussed the limitation of this strategy given the **ambiguity around what can be meant by "healthy,"** stating they would need to read the label anyway to determine if the item were truly healthy.

Pricing strategies were more appealing given the limited budget of SNAP recipients. Participants described that they like sale and coupon promotions including those in circulars and online/apps, but most sales are for unhealthy items. They reported rarely seeing sales on healthier products. However, **sales on healthy items would increase their purchasing.** At the same time, participants expressed skepticism around price promotions, wondering if what is posted as a sale is cost saving. They are aware of price manipulation and marketing practices, so **often compare costs across brands to identify cheaper items regardless of posted price promotions. Participants reported noticing price fluctuations within stores depending on time of the month. This presents the conflict of shopping when prices are lowest versus when SNAP benefits are distributed.** For some, sales requiring purchasing greater quantities are less appealing (e.g., buy 4 get 1 free). **They expressed wanting discounts and deals that do not require purchasing large quantities,** which would reduce spending on additional items not needed and potential for spoilage of perishable items like fresh produce.

Incentives

SNAP recipients provided thoughtful insights into the use of incentives strategies to support healthy eating. **They reported overwhelming support for receiving increased funds towards healthy items.** Most of the discussion centered on the Massachusetts Health Incentives Program (HIP); however, some people also mentioned receiving coupons for farmers markets that were useful. There was broad **support for the idea of introducing more food items beyond fresh fruits and vegetables for eligibility for HIP or other incentives programs,** including for whole grain bread, milk, and frozen and canned fruits and vegetables. Some suggested modeling these categories of "healthy" items after the WIC program.

Although this strategy was viewed favorably, **many focus group participants were unaware of HIP or have not used the program because of the narrow scope of retailers participating (e.g., largely farmers markets).** Focus group participants described how there needed to be **better promotion and education of HIP in the community.** Ideas for promotion included pamphlets available at stores and farmers markets and **better communication from the Department of Transitional Assistance.**

Some participants expressed a lack of understanding of how HIP worked and wondered if they were eligible. There was discussion about how the **reimbursement mechanism can be**

confusing, which can deter utilization. Participants discussed how the requirement of having a balance on their EBT card could be prohibitive for those interested in utilizing the full HIP incentive, particularly for those with small benefits (e.g., as low as \$8/month). Some expressed concern about using it, fearing they would then have less money to spend on their typical groceries if the reimbursement were not processed. One solution proposed was having additional money dedicated for healthy purchases (not a reimbursement that requires an existing balance) similar to the WIC program. Those who had used the HIP program successfully **liked the subtlety of simply swiping and automatically being reimbursed. It did not require a discussion at the checkout and therefore keeping participation private from other customers.** Particularly given its current limited structure, people need to know the HIP program exists, where and how the benefits can be used, and the extra dollar amount they can be reimbursed for on fruits and vegetables.

There was a strong desire for greater access to the HIP program. Focus group participants described that **HIP is inconvenient and not enough retailers are participating.** There is limited access since farmer's markets and the Fresh Truck are only available 1-2x per week in a given neighborhood and are not necessarily year-round. Some mentioned how they would plan to go take advantage of the program at these sites, but then miss it and then be unable to go for that week. One focus group participant reported that a city website exists, but it is not easy to navigate, requiring users to click through each farmer's market location to find days and hours of operation. Using **HIP can be frustrating when prices at farmer's markets are high.**

Disincentives (including paired with incentives)

Focus group participants were asked about disincentives alone and also paired with incentives, but responses focused on disincentives were answered more generally since incentives had already been covered earlier in the focus group. SNAP recipients expressed **great concerns and a lack of support for using disincentives strategies, like removing sugary drinks from eligible SNAP items, to promote healthy eating and drinking.** Among the small number of participants that were supportive, they saw the benefits being for others and not themselves given that they reported they did not drink much soda themselves. The overwhelming majority of those in the focus group still wanted the option to purchase sugary drinks using SNAP as a "treat" for themselves or their family. Some felt insulted by the idea of having that choice taken away and described that it is "discriminatory" and "demeaning" towards people with lower income for the government to dictate what they can and cannot purchase. Feeling insulted by having choice taken away, they also believed that this strategy would not truly improve people's health. **Recipients would work around the rule and use cash to buy sugary drinks instead of using SNAP benefits, noting that SNAP often does not cover all of their grocery expenses for the month anyway.** They also thought that it does not make sense to limit only sugary drinks when many other unhealthy food products would still be available for purchase. When posed with the concept of pairing disincentives with incentives, the lack of support and discussion around discrimination and lack of impact were similar.

Stocking Standards

While participants were not asked specifically about proposed increases to stocking

standards—the minimum number of staple foods that SNAP retailers must carry—it seemed this strategy would have **minimal impact given that few participants reported shopping for groceries at small retailers (e.g., convenience and corner stores)**. When they do shop at these stores, participants indicated that it is not for fresh produce given that prices are higher and quality is often poorer for these items compared to typical grocery stores.

Education

Finally, SNAP recipients shared their perceptions of educational strategies, such as store tours or cooking classes, to support healthy eating. Several participants described participating in educational programs in the past, both individually or with their children. These programs were delivered in a range of settings, including clinics, shelters, Head Start programs, and other local community organizations. While none of these educational strategies were led by retailers, some participants reported going to a grocery store as part of these programs for a more hands-on learning experience. There was **broad support for increasing access to educational programs and activities in community and retail settings**. Among those who had previously participated in educational programs, many described the lasting impact including identifying healthier foods (e.g. reading labels) and cooking techniques.

Information that participants expressed interest in learning more about largely fell within the following categories: **1) understanding nutrition facts and product labels; 2) healthy cooking techniques and recipes; and 3) storing and preparing foods (e.g., fresh produce, meats) to maintain safety and limit waste** (this includes better understanding of food spoilage vs. product expiration dates). Participants liked the idea of cooking classes, grocery store tours, farm tours, and informal meetings for exchanging knowledge and ideas. Some people also suggested pairing in-store cooking demonstrations with product sampling or healthy items with participation in a given program. There was also an **appeal for better coordination and education from the Department of Transitional Assistance and SNAP**. This could include more information at the time of enrollment, sending out mailers, emails, or newsletters to recipients, and instructional videos (e.g., YouTube).

Lastly, participants provided a few considerations for any educational activities and programs. These included ensuring qualified instructors, culturally sensitive and inclusive content and materials, and voluntary participation for SNAP recipients.

Retailer interviews

Marketing

Retailers provided thoughtful insights into the potential impact and feasibility of using marketing strategies, such as in-store advertising and shelf placement, to support healthy eating among SNAP participants. Those interviewed reported that they have noticed recent trends in increased demand for healthier options; however, they expressed that **identifying working definitions and a common customer understanding about what “healthy” means can be challenge**, particularly when constructing healthy checkouts, sections, or signage.

Retailer key informants shared thoughtful insights into the impact they expected marketing

strategies to have on supporting healthy eating among SNAP recipients. One manager discussed the limitations of marketing alone, especially for SNAP customers who are on such a limited budget. He described how SNAP customers typically shop for specific items that are familiar to them and could be hesitant to try new healthier options marketed to them. Other retailer stakeholders agreed with this ***perspective that marketing as a standalone strategy would be limited and thought marketing approaches may be more effective if combined with other strategies*** such as incentives or education. Retail stakeholders also discussed the importance of testing ***subtle strategies that would not call attention to or stigmatize SNAP customers*** such as small shelf labels like the WIC stickers that call out eligible items. This example was contrasted with the strategy of bag stuffers that were used in the MA HIP pilot—these either meant that cashiers would identify (and potentially alienate) SNAP customers in their marketing or all shoppers were receiving the messaging leading to confusion and waste.

Many of the perspectives shared by retailers, particularly those focused on implementation considerations, applied to all customers and did not focus solely on SNAP recipients. A major factor influencing the feasibility of implementing marketing strategies echoed by a number of retailers was the importance of gaining ***buy in from leaders and key stakeholders*** within the company. For example, staff from one large retailer described the importance of gaining buy-in from both leadership to shift expectations towards healthier options and the category managers whose sales could be negatively impacted (*e.g.*, personnel in charge of candy sales) in a recent pilot of healthy checkout lanes. This issue of leadership support is connected to the ***large influence of vendor income*** on placement and marketing in many stores. Leasing high visibility spaces, like endcaps and checkouts, to manufacturers via multi-year contracts serves as guaranteed revenue that then limits the store's ability to dictate product placement. Although vendors can constrain the feasibility of in-store marketing, ***large retailers noted their potential for influencing outside suppliers*** toward offering and promoting healthier options. A staff member from one large retailer suggested that one way to address this barrier would be to negotiate with suppliers about what types of foods and beverages are allowed in high viability areas or require a proportion of items on endcaps or displays meet pre-specified nutrient criteria, incentivizing suppliers to offer healthier items and potentially reformulate products. A staff member from another large retailer recalled their past success in harnessing their influence on suppliers to put messaging that denotes healthfulness directly on products during the Massachusetts Healthy Incentive Program pilot.

Staff from most stores interviewed expressed an interest in piloting marketing strategies within their stores. One large store noted, though, that they would need to ensure the strategy tested would not be administratively prohibitive. They would not be interested in major in-store marketing, but more amenable to strategies like shelf tags or mobile apps. This interest in ***integrating marketing with education via existing store mobile apps*** was echoed by others interviewed, with specific suggestions to target healthy SNAP eligible items along with nutrition content.

Incentives

Retailers were generally positive when discussing financial incentives, such as additional dollars for the purchase of fruits and vegetables, as a strategy to support healthy eating and

many had implementation experience from participating in either the Massachusetts Healthy Incentives Pilot (HIP) or other pilot testing of incentives programs. **Respondents viewed incentives programs as an effective strategy that can benefit both SNAP recipients and retailers.** From a consumer perspective, it provides additional funds for spending on healthy items, which helps reduce the relative price differentials between many healthier and less healthy foods. Additionally, some retailers discussed observed **increases both in purchases of incentivized items and overall basket size** in various pilot testing, which one respondent described as a “win-win.”

A key consideration for the implementation of incentive strategies mentioned frequently in interviews was **the process at point-of-sale (POS), which may dictate which stores are willing and able to participate** in any pilot testing. Respondents stressed that in order to be sustainable at scale this process needs to be seamless on both the back end—the POS system’s identification and processing of incentivized items—and the front end—the customer’s documentation of incentivized purchases and remaining balance following a transaction. One of the smaller retailers explained that their POS system did not have the capacity to complete such incentive transactions electronically. Conversely, larger retailers considered it critical operationally that transactions be completed electronically; some described past experiences with coupon or other systems as confusing to customers, which then **required cashiers to explain how the program worked, leading to delays at checkout.** There were mixed views regarding the extent of time and monetary investment required to program the necessary system updates. Some retailers suggested ensuring **broad product eligibility to limit the amount of backend programming needed** for individual item SKUs required and integrating front- and backend programming into one card or app to make transactions easy to process and understand for both parties.

Several respondents expressed an interest in pilot testing incentive strategies within their retail setting. Their willingness would be contingent on the mechanism for processing incentives at POS given multiple retailers stressed the importance of having a seamless process for it to be sustainable.

Disincentives (including paired with incentives)

Retailers were not supportive of disincentive strategies, such as removing soda and other sugary drinks from the list of eligible foods that can be purchased using SNAP benefits. However, some were more open to a combined approach, such as pairing disincentives with incentives for fruits and vegetables or increased SNAP benefits linked to participants not using their SNAP benefit to purchase sugary drinks. Retailers perceived disincentives as potentially constricting to a SNAP consumer’s budget and limiting their resourcefulness. **Retailers indicated that pairing disincentives with incentives would at least reinstate some level of choice among SNAP participants,** rather than simply limiting their options. Several respondents suggested a combined approach would potentially have a greater impact by supporting healthier eating, while also discouraging less healthy purchases.

Many retailers shared similar feasibility concerns as previously described in the section above on incentives. Several respondents suggested that implementing disincentives would

require more **administrative burden than incentives in terms of identifying all products, and their SKUs or QR codes, which are on the approved product list** or meet the given criteria, and the backend programming so that their POS systems can process these transactions as proposed. One retailer alluded to their **high administrative costs** for WIC when describing the challenges of disincentives versus incentives. Again, retailers stressed the importance of a seamless process to avoid confusion among consumers and delays at checkout.

While some retailers were open to the idea of pilot testing any of the strategies discussed in the interview, no one specifically indicated an interest in the disincentives alone. A few retailers expressed interest in testing a paired approach. However, one of these retailers was concerned about consumer response and potential loss of customers, indicating that it would be important to them that surrounding stores were also participating for them to agree to pilot a strategy that included disincentives.

Stocking standards

While personnel interviewed were all from retail settings that would be largely unaffected by increases in stocking standards—the minimum number and variety of staple foods that SNAP retailers must carry—a few offered insight into how this might influence SNAP recipients and smaller stores. **Some viewed increases in the variety of healthy options available as an advantage from a consumer perspective.** However, there seemed to be little support among retailers for this strategy given the challenges it would present to smaller retailers, such as convenience and corner stores.

The implementation challenge identified most often by retailers was a **concern that smaller stores might not be able to sell the more perishable items that they would be required to carry** with an increase in stocking standards. Simply stocking more of staple foods would not necessarily lead to increased sales of healthier items. Respondents noted that this could **inhibit the ability of some smaller retailers to stay in business.** One manager described how larger retailers are able to offer these items at a lower price, due to purchasing power, lessening the likelihood of consumers purchasing these items from smaller retailers. One respondent viewed any changes to SNAP that would make it more difficult for retailers to participate unfavorably, considered increases in stocking standards a “slippery slope,” and believed these types of restrictive changes ultimately hurt retailers’ ability to serve consumers.

None of the retailers interviewed would be eligible to pilot test strategies that increase stocking standards given these are intended for smaller retail settings.

Education

Retailers expressed support for distributing educational materials and hosting interactive educational events (*e.g.*, store tours, cooking classes). However, most indicated their businesses **lacked the capacity to lead education programs and activities with existing staffing and would need support from external partners (e.g., community organizations, SNAP).** Some stores described existing partnerships with food pantries and other community organizations to address food insecurity and support education.

Retail personnel recommended that staff implementing any educational activities must be passionate and engaging in order to successfully facilitate store implementation and encourage customer participation. Given the dependency on external support, turnover within partner organizations could easily disrupt implementation. There was some support for in-store sampling of products and a sense from managers that **to encourage SNAP customers to purchase healthier items that they are not already buying, offering samples would be key**. Other considerations discussed for implementing educational activities in stores included ensuring materials are available in multiple languages, tailoring to different populations (*e.g.*, families, older adults), and including a range of food storage and preparation equipment like Tupperware and cooking utensils.

Some participants expressed an interest in pilot testing educational strategies within their retail setting. Their ability to implement such strategies would likely be dependent on external support and partnerships to lead the activities.

Stakeholder-informed Recommendations

The analysis of the SNAP recipient focus groups and retailer interviews adds important information to the development of recommendations for pilot approaches to better support healthy eating among SNAP recipients that could be tested in Massachusetts.

Given broad support across SNAP recipients and retailers for incentives strategies, the leading recommendation for pilot testing would be an incentives approach with broader access (*e.g.*, retailer participation), inclusion of additional categories of healthy foods (*e.g.*, whole grain bread, frozen produce), and/or technical support for retailers. Secondly, both recipients and retailers expressed interest in pairing educational strategies with incentives or marketing strategies. These promotions should be consistent throughout the month to avoid conflicts between when prices are lowest and when SNAP benefits are distributed. Finally, price promotion of healthy items was another approach expected to impact purchasing behavior.

Conversely, there was little support for disincentives. SNAP recipients felt such an approach would be demeaning and ineffective. Meanwhile, retailers held reservations about piloting a disincentives strategy given potentially negative consumer response and operational challenges. Lastly, marketing strategies focused on placement or signage were perceived to have minimal potential impact by many SNAP recipients and could be challenging for some retailers to implement.